	ATE/OFFICEHOLDER SN FINANCE REPORT 5332	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCT	ION GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed
3 CANDIDATE/ OFFICEHOLDER NAME	TWOSE HERBERT E	OFFICE USE ONLY
TV NVIC	NICKNAME LAST SUFFIX HERIS EVANS	Date Received 77 C
4 CANDIDATE / OFFICEHOLDER ADDRESS  Change of Address	ADDRESS / PO BOX. APT / SUITE #. CITY. STATE. ZIP CODE  1302 WEST AVE., AUSTIN, TX 78701	Date Hand delivered or Date Post頂對ked
5 CAMPAIGN TREASURER NAME	Mr. Joseph A	5. A on
, , , , , , , , , , , , , , , , , , , ,	NICKNAME LAST SUFFIX	Receipt # Amount  Date Processed
<u>-</u>	STREET ADDRESS (NO PO BOX PLEASE). APE / SUITE #. CHY STATE	Date Imaged
(Residence or business)  CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (572) 474.4892	
REPORTTYPE	January 15 [ ] 30th day before election [ ] Runoff [	15th day after campaign treasurer appointment (officeholder only)
	July 15 Bith day before election Exceeded \$500 hmit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year Month Day 9 / 27 / 62 THROUGH 12 / 31 /	Year OZ
ELECTION	ELECTION DATE Month Day Year    Primary   Runoff   G	reneral Special
OFFICE	OFFICE HELD (If any)  THE STICE OF PEACE, PCT 5 12 OFFICE SOUGHT (If known)	eneral Spincial
NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candid Candidates are required to disclose this information only if they receive notification of the direct of the control of the control of the direct of the control of the con	ate's prior consent or approval.
BY OTHER INDIVIDUALS	Name	
additional pages	Address / PO Box. Apt. / Stille #. City State, Zap Code	
	GO TO PAGE 2	

## **CANDIDATE / OFFICEHOLDER REPORT:**

FORM C/OH

SUPPOR	T & TOTAI	LS '	COVER SHEET PG 2
14 C/OH NAME	ERBERT	EVANS	15 ACCOUNT # (Ethics Commission filers)
16 NOTICE FROM POLITICAL	•• This box is for n	olice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	late / officeholder. These expenditures les and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	[TT] SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE			
ACTIVITY		o reportable activity occurred during this reporting period. (Sign affidavit belov	v and submit pages 1 and 2 only )
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0 -
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0 -
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0 -
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 348.48
OUTSTANDING LOAN TOTALS	5. TOTAL PE LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$ 18,167.48
9 AFFIDAVIT		1	
	CAROLYN ADR 17 STARY PUBLIC State of Texas Comm. Typ. 10-13-	I swear, or affirm, under penalty of perjuis true and correct and includes all information me under Title 15, Election Code.  2003  Signature of Candidate	mation required to be reported by
AFFIX NOTARY STAMP /	SEAL ABOVE		
worn to and subscribed		said XEARS UNION III	his the day
$A \rightarrow$		Printed name of officer administering oath Title of c	Koran
Signature of officer/admin	nistering oath	Printed name of Afficer administering oath Title of a	officer administering oath

Date   S Full name of contributor   Date   State   Date   Date		TICAL CONTRIBUTIONS ER THAN PLEDGES OR LOAN	18	(FOR FOI	SCHEDULE A1 RMS C/OH, C/OH-SS, SC-C/OH SC-SPAC, SPAC, & SPAC-SS
Date   5 Full name of contributor	The Instruc	אסודס Guide explains how to complete this form.	`````````````````	1 Total pages this	Schedule A1:
Date    5   Full name of contributor	! FILER NA	ME HERBERT EVANS	· ···	3 ACCOUNT# (E	thics Commission filers)
Date  Full name of contributor  Contributor address: City: State: Zip Code  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Amount of contribution (\$) in-kind contribution (if applied description (Optional))  Employer (Optional)  Employer (Optional)  Date  Full name of contributor  [ ] nut of state PAC (iD#	<b>D</b> ale	5 Full name of contributor [] out of state PAC (ID#		·	8 In-kind contribution description (if applicable
Principal occupation (Optional)  Date  Full name of contributor  Contributor address, City, State; Zip Code  Employer (Optional)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address, City, State; Zip Code  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Contributor address, City, State, Zip Code  Full name of contributor  [] not of state PAC (ID# ] Amount of contribution (\$)  [] not of state PAC (ID# ] Amount of contribution (\$)  Contributor address; City; State, Zip Code	Principal occ	cupation (Optional)	10 Employer (Optic	onad)	
Date    Full name of contributor   Gout of state PAC (ID#   )   Amount of contribution (\$)   In-kind contribution (if application of application of principal occupation (Optional)	Date				In-kind contribution description (if applicable)
Principal occupation (Optional)  Date  Full name of contributor  Contributor address: City: State: Zip Code  Full name of contributor  Contributor address: City: State, Zip Code  Principal occupation (Optional)  Amount of contribution (\$)  In-kind contribution (if application (I))  Amount of contribution (\$)  Contributor address: City: State, Zip Code  Principal occupation (Optional)		upation (Optional)	Employer (Option	ial)	
Date  Full name of contributor  [] out-of state PAC (ID)#  Contributor address;  City; State, Zip Code  Principal occupation (Optional)	Date		. ,		In-kind contribution description (if applicable)
Contributor address; City; State, Zip Code  Principal occupation (Optional)	Principal occu	pation (Optional)	Employer (Option	al)	
Principal occupation (Optional)  Employer (Optional)	Date		}		In-kind contribution description (if applicable)
	Principal occup	ration (Optional)	Employer (Opliona	1)	
			(c-pilotic		
Date  Full name of contributor  Out of state PAC (ID#  Amount of contribution (\$)  Contributor address; City: State, Zip Code  Output  Description (In-kind contribution (\$)  Contributor address; City: State, Zip Code	Date		. )		In-kind contribution description (if applicable)
Principal occupation (Optional)	- I			 	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLED	GED CONTRIBUTIONS		(FOR FORMS C/C	SCHEDULE B1 DH, SC-C/OH, SC-SPAC, & SPAC)
The Instru	истіом Guide explains how to complete this form.		1 Total pages th	is Schedule 81:
2 FILERN	HERBERT EVANS	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT#	Ethics Commission filers)
4 To	OTAL OF UNITEMIZED PLEDGES:	· 4 4 4	С\$ п\$	\$
5 Dale	6 Full name of pledgorout-of-state PAC (ID)#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgonladdresk Cill: Sale, Zip Co	ode		 
10 Principal oc	cupation (optional)	11 Employer (option	nat)	
Date	Full name of pledgor [] out of state PAC (ID#,		) Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Coo	de		 
Principal occ	upation (optional)	Employer (option	al)	
Date	Full name of pledgor []out chistate PAC (ID#  Pledgor address; City, State, Zip Cod	) 	Amount of pledge (\$)	In-kind description (if applicable)
Principal occi	upation (optional)	Employer (options	N)	
Date	Full name of pledgor []out of state PAC (ID# Pledgor address; City, State, Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occuj	pation (optional)	Employer (optional	)	
Date	Full name of pledgor [ ]out of state PAC (ID# Pledgor address; City, State, Zip Code	}	Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	ation (optional)	Employer (optional)		
If contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	OF THIS FORM AS	NEEDED	a requirements

LOANS				ecuenii e l
	·			SCHEDULE !
The Instruction C	Guide explains how to complete this form	1.	1 Total pages Sc	hedule E:
FILER NAME	SRIVERT EVAN	5	3 ACCOUNT# (	Ethics Commission filers)
тот	AL OF UNITEMIZED LOANS:	क ल क क	<b>\$</b> (\$	\$
Date of loan	7 Name of lender	["] out of state PAC (ID#:	)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender advirdss. Cdy, State	Zip Code μ		10 Interest rate
У И				11 Maturity date
Description of Colla	teral			
	14 Name of guaranter			16 Amount Guaranteed (\$)
	14 Name of guarantor  15 Guarantor address, City; State,	Zip Code	· · · · · · · · · · · · · · · · · · ·	16 Amount Guaranteed (\$)
INFORMATION  nol applicable		Zip Code 18 Employer		16 Amount Guaranteed (\$)
nol applicable principal Occupation		····	)	16 Amount Guaranteed (\$)  Loan Amount (\$)
nol applicable nol applicable Principal Occupation Date of loan	15 Guarantor address, City, State,	18 Employer	)	
not applicable rincipal Occupation ale of loan lender a pancial Institution?	15 Guarantor address. City: State,  Name of lender	18 Employer		Loan Amount (\$)
not applicable rincipal Occupation late of loan lender a handial Institution?  N	15 Guarantor address, City; State,  Name of lender  Lender address, City, State,	18 Employer		Loan Amount (\$) interest rate
not applicable rincipal Occupation ale of loan lender a pancial Institution? N escription of Collate none	15 Guarantor address. City: State,  Name of lender  Lender address, City, State,	18 Employer		Loan Amount (\$) interest rate
not applicable rincipal Occupation ale of loan lender a ancial Institution? N escription of Collate none UARANTOR FORMATION	Name of lender  Lender address, City, State,	18 Employer		Loan Amount (\$) Interest rate Maturity date
Principal Occupation  Date of loan  s lender a  nancial Institution?	Name of lender  Lender address, City, State,  Name of guarantor	18 Employer  [ ] out-of-state PAC (ID#		Loan Amount (\$) Interest rate Maturity date

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLI	TICAL EXPENDITURES	SCHEDULE F
The Instru	CTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NA	HERBERT EVANS	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  EMILY'S CATERING  6 Payee address; City; Stale, Zip Cod	7 Amount (\$) 283, 48
required.)	Voter Reg Mtg 7/17/02 This Crowding Mtg 8/15/12	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
Purpose of pa required.)	L syment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name
Date	Payee address. City; State, Zip Code	Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
Purpose of payr required.)	nent (See instructions regarding type of information	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

	ICAL EXPENDITURES FROM PERSONAL FUNDS	(312)	1-800-325-E SCHEDULE <b>G</b>
The Instructi	ion Guide explains how to complete this form.	1 Total pages Sch	nedule G:
2 FILER NAM	HERBERT EVANS	3 ACCOUNT# (E	thics Coinmission (ders)
4 Date	5 Payee name  Austin Wonsus Poutical Can 6 Payee address: City; State; Zip Code	Lus	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required Dues	ured.)	Rembursement from political contributions intended
Date	Payee name Payee address, City; State, Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requi	red.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State, Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	ed.)	Reimbursement from political contributions intended
Date .	Payee name Payee address, City; State, Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	ed.)	Reimbursement from political contributions intended
Date .	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required	1.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS N	EEDED	

The Instru	אסודטנ Guine explains how to complete this form.	1 Total	pages Schedule H:
2 FILER NA	AMF	, ACC	OUNT # (Ethics Commission filers)
	HERBERT EVANS	V 1.55	OOM 6 (Cinics Commission rigin)
<b>1</b> Date	5 Business name  6 Business andress; City; State; Zip Code		7 Amount (\$)
Purpose of prequired.)	payment (See instructions regarding type of information .	9 · · · Complete if direct ex Candidate / Officeholder name	xpenditure to benefit C/OH ·· Office sought Office held
Date	Business name		Amount (\$)
Purpose of parequired.)	Business address, City; State, Zip Code ayment (See instructions regarding type of information		penditure to benefit C/OH ••
		Canomate / Onicendider hame	Office sought Office held
Date	Business name	Candinate / Officenomer hame	Office sought Office held  Amount (\$)
Date	Business name  Business address: City, State. Zip Code	Candinate / Officenoiner hame	Amount
			Amount
Purpose of pa	Business address; City, State. Zip Code	·· Complete if direct expr	Amount (\$)
Purpose of pa required.)	Business address; City, State. Zip Code  yment (See instructions regarding type of inforpation	·· Complete if direct expr	Amount (\$)  conditure to benefit C/OH ·· Office sought Office held
Purpose of pa required.) Date	Business address; City, State. Zip Code  lyment (See instructions regarding type of information  Business name	·· Complete if direct expr	Amount (\$)  Cuiditure to benefit C/OH Office sought Office held  Amount (\$)

THE INSTRU	CTION GUIDE explains how to complete this form.	thedule I:
FILER N/	HERBERT EVANS 3 ACCOUNT#	(Ethics Commission filers)
Date	THERBERT EVANS  5 Payee name  6 Payee Address N City: State, Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions requiding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State, Zip Code	Aniount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City, State, Ζιρ Code	Amount (\$)
Date		
Date Date	Payee address; City, State, Zip Code	

Ine Instru	CTION GUIDE explains how to complete this form.	pages Schedule K
FILER NA	AME 3 ACCC	UNI # (Ethics Commission filers)
Date	5 Payor name	8 Amount
	6 Payor address; City; State; Zip Code	(\$)
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State, Zip Code	· · · · ·
	Reason for credit	
Date		
	Payor name	Amount
	Payor name  Payor address; City, State; Zip Code	Amount (\$)
Dale	Payor address; City, State; Zip Code	(\$)
Date	Payor address; City, State; Zip Code  Reason for credit	(\$)
Date	Payor address; City, State; Zip Code  Reason for credit  Payor name  Payor address; City, State, Zip Code	(\$)
Date Date	Payor address; City, State; Zip Code  Reason for credit  Payor name  Payor address; City, State, Zip Code	Amount (\$)
	Payor address; City, State; Zip Code  Reason for credit  Payor name  Payor address; City, State, Zip Code	(\$)

## Texas Ethics Commission P.O Box 12070 Auslin, Texas 78711-2070 (512)463-5800 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR **DESIGNATION OF FINAL REPORT** The Instruction Guide explains how to complete this form. •• Complete only If "Report Type" on page 1 is marked "Final Report" •• C/OH NAME 2 ACCOUNT#(Elbics Commission flers) 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER -- Complete A & B below only if you are a candidate --A. **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204 В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. Funderstand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER**

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder